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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$97922 1. Corporation Name

ALMAR INVESTMENT CORPORATION

COLONOMOS, MARLENE

Principal Place of Business	Mailing Address	Ì		
60 TERRACINI AVE. GOLDEN BEACH FL 33160	60 Terracini ave. Golden Beach Fl 33160		DO NOT WRITE IN T	HIS SPACE
		1	3. Date Incorporated or Qualifed	
			12/04/1991	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26	ĺ	65-0307224	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25		untry	This corporation owes the current year Personal Property Tax.	r Intangible ☐ Yes ☐ No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
SHEVIN, ABNOLD D		81 Name ∠€S	HE ALAN LOZENC	WA16, ESQ.
200 S. BISCAYNE BLVD.	حوال المسلم الم	82 Street Addres	s (P.O. Box Number is Not Acceptable)	# 960
\$-3300 MIAMI EL 33131		83		
				FL 85 Zip Code 3 3/3/
11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the	7.0502 and 607.1508, Florida Statules, the a State of Florida. Such change was authorize boligations of, Section 607.0505, Florida Sta	above-named corpora d by the corporation' tutes.	ation examits this statement for the purpose s board of directors. I hereby accept the a	e of changing its registered pointment as registered

SIGNATURE einstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition □ DE**V**ZTE 1.1 TITLE TITLE COLONOMOS, ALBERTO 12 NAME NAME **60 TERRACINI AVE.** 1.3 STREET ADORES STREET ADDRESS · · · 3 **GOLDEN BEACH FL** 1.4 C/TY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 21 TITLE TITLE

2.2 NAME

60 TERRACINI AVE. 2.3 STREET ADORESS STREET ADDRESS **GOLDEN BEACH FL** 2.4 C/TY-ST-Z/P CITY-ST-ZIP Addition Change ☐ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME

4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR